

# BEST-AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						<small>SERIAL NO.</small> <b>097926460</b>	<small>FILING DATE</small> 					
						<small>APPLICANT(S)</small> 						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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